Reviewer's report

Title: Case management used to optimize cancer care pathways: A systematic Review

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Reviewer: Alison Eastwood

Reviewer's report:

The authors present a paper describing a systematic review of case management used to optimize cancer care pathways. This is an interesting area for which it would appear that a systematic review is appropriate. However, as it currently written, it is not clear what has been done and the work is difficult to assess, therefore I do not feel it should be published. With significant effort to provide more detail of the research methods and re-analysis of the results and consequent discussion, a useful systematic review could be presented detailing the requirements for further research in the area.

Below are my responses to the 9 points identified in the guidance for reviewers, and following that I have listed additional comments which I feel would need to be addressed before a decision on publication can be made. At this stage, I have not listed any discretionary or minor essential revisions.

1. Is the question posed by the author well defined?
   The question is reasonably well defined and the authors discuss the problems in accurately defining the specific details of the intervention in question (case management).

2. Are the methods appropriate and well described?
   The methods are not well described and so it is difficult to assess their appropriateness. However, there are a number of stages in the systematic review process which do not appear to have been undertaken, for example independent study selection and data extraction and validity assessment by two researchers (or at a minimum one researcher undertaking and the second researcher independently checking). See specific comments to this point below.

3. Are the data sound?
   It is difficult to assess the data from the tables and text provided in the paper and the apparent lack of checks on the various stages of the systematic review process increases the chance of errors.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   There are severe limitations of the reporting of the work which make assessment difficult. I would suggest the authors read the QUORUM statement checklist to
aid the presentation of the review, although a meta-analysis is not undertaken here many of the points are relevant (D Moher et al, for the QUOROM Group. Improving the quality of reports of meta-analyses of randomised controlled trials: the QUOROM statement Lancet 1999;354(9193):1896-900).

5. Are the discussions and conclusions well balanced and adequately supported by the data?

Given the limitations of the included studies the conclusion that “CM-like interventions optimized patient-reported effects” is not supported. The conclusions presented at the end of the paper do not flow from the results and discussion section.

6. Are the limitations of the work clearly stated?

The limitations are stated, but further clarification and discussion on some of the points would helpful (see specific issues below).

7. Do the authors clearly acknowledge any work upon which they are building both published and unpublished?

The paper appears to be appropriately referenced.

8. Do the title and abstract accurately convey what has been found?

Given the limitations of the main paper, the content is accurately reflected in the title and abstract.

9. Is the writing acceptable?

Yes

Additional specific comments:

10. Literature search: It is not clear what is meant by the “Cochrane Database”. The Cochrane Library includes a number of different databases including the Cochrane Database of Systematic Reviews, the Database of Abstracts of Reviews of Effects, and the Cochrane Central Register of Controlled Trials. If the authors are referring to the Cochrane Database of Systematic Reviews, it would also be useful to search the Database of Abstracts of Reviews of Effects as well which contains quality assessed non-Cochrane systematic reviews.

11. Literature search: The search seems quite basic (no mention of truncation or adjacent terms) and terms such as ‘clinical nurse specialist’ or ‘care programme’ or ‘care management’ may have been useful.

12. Literature search: The paper states that the search was limited to RCT papers, but it is not clear whether this was done using search terms or whether it was one of the inclusion criteria when the search results were assessed.

13. Study selection: Details of how the studies were selected are not provided. It appears from the authors’ contribution section at the end that only one author made decisions on study selection unless there was some doubt surrounding the study. This will increase the likelihood of error at the selection stage.
14. Study selection: The fourth inclusion criteria states that the paper should report on the effects of the intervention – but no details of which effect measures are considered relevant is provided.

15. Study selection: Studies centred on cancer screening or palliative and terminal cancer care were excluded, but no rationale is given for this (one sentence refers to this later in the discussion). This exclusion should be fully justified, in particular for palliative care where a clear distinction is not always made between the provision of curative and palliative interventions and where the provision of co-ordinated care in the transition from curative to palliative care may be vital.

16. Study selection: A list of excluded studies (those which were “near misses” and might have been expected to be in) would be useful.

17. Study selection: The paper states that “data abstraction was conducted manually”. I presume this refers to the process of extracting data from the included studies, but it is not clear what the term conducted manually means. More information should be provided on the process and content. Data extraction undertaken by only one researcher without independent extraction or checking by another researcher will increase the risk of error.

18. Study selection: Similarly for the assessment of internal and external validity, no details on the process and content are provided in the text. Instead it is left to the reader to refer to the tables to see what elements of the CONSORT guidelines have been used. No explanation is provided on the way in which the results of the assessment of validity will be incorporated into the review synthesis.

19. Results: I found the tables difficult to read and link together, and a clear explanation of the content of the tables is not provided in the text. For example, information about the comparator intervention in the control arm of the trials is missing from Table 2. The details of Table 3 could be more usefully linked into Table 2, on its own this table is not helpful. Similarly the layout and content of Table 4 is confusing (the symbol # is used in the table with 2 different meanings).

20. Results: The synthesis of the study results presented in the paper is limited and does not clearly follow from the results presented in the tables. The validity of the included studies is not discussed in any detail.

21. Discussion: The principal findings presented in the discussion section do not follow from the results presented. Given the limitations in the validity of the included studies, the statement that “Overall, it seemed that CM-like interventions optimized patient-reported effects” does not appear justified.

22. Discussion: Strengths and weakness of this review: The rationale for the exclusion of palliative care is not clearly made (see comment on study selection above).
23. Discussion: The possibility of publication bias is raised, but not expanded on. More thought should be given to this and the likely implications on the results not just the number of papers found.

24. Discussion: The justification for restricting the review to RCTs is not well made. It would be helpful to explain within the context of the review and relate this to the issues of complex interventions. Although the RCT may be regarded as superior to other designs for the evaluation of an effect of an intervention, such designs may not always be feasible. In the context of this review it would seem that such a design is feasible, and more specifically this intervention would appear to be a complex intervention. This makes it more challenging to identify precisely which elements of the intervention are effective – a point the authors refer to in both the abstract and conclusions, but do not expand upon except for referring to the original MRC framework for complex interventions (the BMJ paper last year may also be helpful to this discussion: NC Campbell et al. Designing and evaluating complex interventions to improve health care. BMJ 2007;334;455-9. The original BMJ paper (M Campbell et al. Framework for design and evaluation of complex interventions to improve health. BMJ 2000;321:694-6.) was a summary of the MRC document).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests